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## Caring with Limited Resources during COVID-19: Updated Resources for Your Team

The COVID-19 pandemic continues to place unprecedented demands on America's health care system. The recent sharp increase in the number of patients needing acute hospital care means that some hospitals could face more significant shortages of staff and medical supplies such as personal protective equipment (PPE) and oxygen, hospital beds, medicines and medical devices such as ventilators.

America's hospitals and health systems continue to use all available mechanisms to secure the vital tools and resources needed to care for patients during the pandemic. They are working with their suppliers to bolster their inventories as much as feasible, and coordinating with federal and state partners to increase hospital surge capacity and create temporary alternative care sites (e.g., field hospitals). The AHA also is working with federal agencies and with Congress to bolster pandemic response resources, including advocating for the use of the Defense Production Act. We also are connecting manufacturers who can produce PPE with hospitals and health systems through the "100 Million Mask Challenge."

However, at times during the pandemic, clinicians and hospital leaders may face extraordinarily challenging decisions about how to deploy limited staff and resources. In April, the AHA shared a [compilation](#) of resources, tools and sample policies to assist hospitals in developing their own approaches to caring for patients with limited resources or under crisis circumstances. We also created a [webpage](#) that includes a variety of clinical tools related to caring for COVID-19 patients.

**The AHA has been monitoring the activities in this area and curating additional resources for the [webpage](#).** These include [more detailed resources](#) on crisis standards of care from the Department of Health and Human Services Office of the Assistant Secretary for Preparedness, model hospital policies and protocols for crisis standards of care as well as cross-training resources for clinical teams.

**Please note that the tools listed do not necessarily reflect the views of the AHA, nor do they constitute clinical advice from the AHA.** Rather, they are meant to assist hospitals and health systems in devising or refining their own approaches in ways that are consistent with their organizations' values and their community needs.

### ***What You Can Do***

Hospitals and health systems are encouraged to:

- Work with your state hospital association to determine potential response should limited resources require moving from contingency to crisis standards of care;
- Share this curated webpage with your key clinical and administrative leaders, including your chief medical officer, chief nursing officer, general counsel and leaders from your emergency, pulmonary/critical care, palliative care, spiritual care, hospice and clinical ethics departments;
- Make an assignment to update or create your organization's standards of care algorithm model based on the resources as referenced above, and review these with your clinical, operational and governance leadership;
- Review existing organizational policies around ethics, end-of-life care and disaster response, and consider revisions; and
- Stay abreast of guidelines and requirements for crisis standards of care and clinical ethics from your state and local health authorities.

### ***Further Questions***

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